Amendments to the Specification:

The specification has been amended as follows: Underlines indicate insertions and ~~strikeouts~~ indicate deletions.

Kindly replace the paragraph starting at line 26 at page 6 and ending at line 5, at page 7, with the following amended paragraph:

While human SCN1A, SCN2A, and SCN3A are preferred sequences (nucleic acid and proteins) in accordance with the present invention, the invention should not be so limited. Indeed, in view of the significant conservation of these genes throughout evolution, sequences from different species, and preferably mammalian species, could be used in the assays of the present invention. One non-limiting example is the rat SCN1A ortholog gene which shows 95% identity with the human SCN1A gene, at the amino acid level. The significant conservation of the mouse SCN1A gene can also be observed in OMIM (see above).

Kindly replace lines 3 to 27 in page 52, EXAMPLE 3, with the following amended paragraph:

Genomic DNA form IGE and normal patients was obtained by conventional methods. Primers used to amplify the genomic DNA are shown in Figure 2. Following PCR, SSCP analysis was performed and mutations in SCN1A were identified as follows (Figure 3):

(1) Glu1238Asp; normal: GCA TTT GAA GAT ATA; (SEQ ID NO: 189) patient R10191 who has an idiopathic generalized epilepsy (IGE): GCA TTT GAC GAT ATA (SEQ ID NO: 190) found in 1 of 70 IGE patients). The mutation is thus a conservative aa change, in the extracellular domain between III-S1 and III-S2. Furthermore, this residue is located at the junction between the TM domain and the extracellular domain. It may thus influence gating

activity. The aa change between adult and neonatal isoforms is at a similar juxta-TM domain position (between I-S3 and I-S4).

(2) Ser1773Tyr; normal: ATC ATA TcC TTC CTG (SEQ ID NO: 191), patient R9049 (affected with IGE): ATC ATA TmC TTC CTG :(TCC>TAC,. (SEQ ID NO: 192) This mutation is in the middle of IV-S6 TM domain; found in 1/70 IGE patients, and 0/150 control subjects tested. This mutation is interesting from a biological point of view for a number of reasons. First, this region of SCN gene (IV-S6) has been found to play a critical role in fast inactivation of the SCN, by mutagenesis experiments in rat SCN (McPhee et al., 1998). This is highly relevant for pathophysiology of epilepsy, since this may increase neuronal hyperexcitability. Moreover, in patients with GEFs, a mutation has been found in the SCNB1 subunit, causing impairment of the fast inactivation of the SCN (Wallace et al, 1999). Finally, many of the antiepileptic drugs (e.g. phenytoin, carbamazepine) primarly act by reducing the repetivive firing of neuron, which also involves fast inactivation of the SCN.

Kindly replace lines 3 to 18 in page 53, EXAMPLE 4, with the following amended paragraph:

Genomic DNA form IGE and normal patients was obtained by conventional methods. Primers used to amplify the genomic DNA are shown in Figure 4. Following PCR, SSCP analysis was performed and mutations in SCN2A were identified as follows (Figure 5):

(1) Lys908Arg: normal: TAC AAA GAA (SEQ ID NO: 307) for patient numbers always preceded by R; R9782 (Patient with IGE): TAC AGA GAA (SEQ ID NO: 308). The mutation is thus a conservative aa change, located in an extracellular domain between TM domains IIS5 and IIS6; in 1/70 IGE patients; 0/96 normal controls. The mutation involves an important component of the SCN gene, since the S5 and S6 segments are thought to form the

wall of the transmembrane pore which allows the sodium to enter the cell. This may have an influence on the gating control of the pore.

(2) Leu768Val, in individuals R8197, R9062 and R9822 (all IGE patients) (found in 3/70 IGE patients and 0/65 control subjects). The mutations is in the IV-S6 component of the sodium channel, which is important in the inactivation of the channel (see above for more detail).

Kindly replace lines 21 to 29 in page 53, EXAMPLE 5, and lines 1 to 15 in page 54 with the following amended paragraph:

Genomic DNA from IGE and normal patients was obtained by conventional methods. Primers used to amplify the genomic DNA are shown in Figure 6. Following PCR, SSCP analysis was performed and mutations in SCN3A were identified as follows (Figure 7):

(1) Asn43DEL: allele 1: CAA GAT AAT GAT GAT GAG (SEQ ID NO:401); allele 2: CAA GAT --- GAT GAT GAG (SEQ ID NO: 402); in open reading frame deletes 1 aa: DNDDEN->QDDDEN, in the cytoplasmic N-terminal segment; in IGE patients, the frequency of allele 1 = 131/146 (0.90); allele 2= 15/146 (0.10); for IGE patients: homozygotes (22): R3958, R9632; heterozygotes (12): R9049, R9152, R9649, R9710, R9896, R10069, R10191, R10213, R9993, R10009, R10256. Of note, 2 patients are homozygous for the rare allele and all patients have IGE. In controls: allele 1 = 145/154 (0.94); allele 2 = 9/154 (0.06) and no 22 homozygotes were found.

(2) normal: tggtgtaaggtag (SEQ ID NO: 493), R10670 (IGE patient): tggtataaggtag (SEQ ID NO: 400), in conserved intron between 5N & 5A exons, significance uncertain.

(3) normal: ccccttatatctccaac (SEQ ID NO: 404), R10250 (IGE patient): cccctttatayctccaac (SEQ ID NO: 405); in conserved intron between 5N & 5A exons, significance uncertain.

(4) Val1035Ile: normal: AAA TAC GTA ATC GAT (SEQ ID NO: 406), R9269 (IGE patient): AAA TAC RTA ATC GAT;(SEQ ID NO: 408), GTA>ATA = Val>Ile). The mutation is thus a conservative aa change which destroys a SnaBI site (this could thus be used as a polymorphism identifiable by restriction enzyme digestion). In SCN1A, this Val is a Ile, therefore probably not a causative mutation. In cytoplasmic domain bw II-S6 & III-S1 TMs; found in 1/70 IGE alleles; and 0/70 controls.

Kindly replace the paragraph starting at line 12 at page 58 and ending at line 15, at page 59, with the following amended paragraph:

One such example of functional studies was investigated by assessing the effects of mutation D188V in the SCN1A gene on sodium channel function by introducing the mutation into a cDNA encoding the rat ortholog SCN1A gene. This rate gene shares > 95% identity with the human SCN1A gene, at the amino acid level. The expression of wild type and mutant channels in *Xenopus* oocytes, and the examination of their properties using voltage-clamp electrophysiological recording is amenable to this *Xenopus* system. Wild type sodium channels are closed at hyperpolarized membrane potentials. In response to membrane depolarization the channels open within a few hundred microseconds, resulting in an inward sodium flux, which is terminated within a few milliseconds by channel inactivation. In whole cell recordings, rapid activation and inactivation of thousands of sodium channels distributed throughout the cell membrane results in a transient inward sodium current that rises rapidly to peak amplitude and then decays to baseline within a few milliseconds. Among the channel properties that are likely to be altered by mutations linked to epilepsy are: 1) the voltage-dependence of activation, a measure of the strength of membrane depolarization necessary to open the channels; 2) the voltage-dependence of steady state inactivation, a measure of the fraction of channels available

to open at the resting membrane potential; and 3) the time course of inactivation. Preliminary results indicate that D188V mutant channels are identical to wild type channels with respect to the voltage-dependence of activation and to inactivation time course. However, steady state inactivation for the mutant channels is shifted to membrane potentials that are slightly more positive than observed in wild type channels. This positive shift should increase the fraction of channels available to open at rest. This could increase neuronal excitability and contribute to epileptogenesis. Thus, a functional consequence of a naturally occurring mutation in a sodium channel gene has been tentatively identified. Thus, the functional consequence of the D188M mutant could at least in part explain its role in epilepsy. Such a functional consequence is expected to be observed with other mutations identified above in SCNA1, SCNA2, and SCNA3.